

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 101940704

Publication Date 7-15-04

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Copy of ISR EP, Copy of IPER

Assignee information:

Priority Info: Country EP No. 02293265.1 date 12-30-02 MORE

Correspondence checked: 84737 deposit account

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT IB2003/005821 Language Eng

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_

371 Filing Fees: \_\_\_\_\_; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 8 Chargeable 9 Independent 1 multiple yes

Number of drawing Sheets: 2 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓ signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 6-24-05 Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ✓ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): \_\_\_\_\_ Number of copies included 1

Date of 35 USC Receipt of Request: 6-24-05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 6-24-05 |

Notice of Missing Requirements: \_\_\_\_\_ |

Notice of Defective Response: \_\_\_\_\_ |

Notice of Acceptance: 12-10-05 |

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_